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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

1

Application Number

10/716,123

Filing Date

11/17/2003

First Named Inventor

Robin Kay Deverich

Art Unit

2837

Examiner Name

Lockett, Kimberly R.

Attorney Docket Number

DEVR.101

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Self Addressed, Stamped Postcard Receipt
for date-stamp and return

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Technology Law Group

Signature

Printed name

Paul Roach

Date

11/8/07

Reg. No.

45,045

CERTIFICATE OF TRANSMISSION/MAILING

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Jennifer K. Welborn

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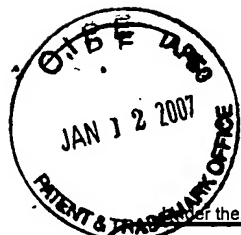
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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/716,123
Filing Date	November 17, 2003
First Named Inventor	Robin Kay Deverich
Art Unit	2837
Examiner Name	Lockett, Kimberly R.
Attorney Docket Number	DEV.R.101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Robin Kay Deverich

Date

12/30/2006

Telephone

949-854-3131

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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